



CITY OF READING, PENNSYLVANIA

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READING, PA 19601-3690
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Home Occupation Zoning Permit Application - Initial Information Form

(Fill in blanks or mark and X if not applicable)

Applicant's Name: _____ Date: _____

Name of Business: _____

Street Number City State and Zip (location of home occupation)

Telephone number of
Business _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone No. Property Owner: _____

	Yes	No
Is the property Owner Occupied?	<input type="checkbox"/>	<input type="checkbox"/> If yes, provide copy of deed.
Is the property a single family dwelling?	<input type="checkbox"/>	<input type="checkbox"/> If yes, provide copy of deed/lease.
Is the property a single semi-detached dwelling?	<input type="checkbox"/>	<input type="checkbox"/> If yes, provide copy of deed/lease.
Is the property a multi-unit apartment building?	<input type="checkbox"/>	<input type="checkbox"/> If yes, provide copy of lease.

Is there a notarized Letter of Agreement between Property owner and Tenant for approval to conduct a Home Occupation at the above referenced property? A copy of this agreement needs to be included with the information application. If included please check this box. ☐

General Description of Proposed Activities for the Proposed Home Occupation (include any information on tools, machines, equipment and/or supplies typically utilized with the Home Occupation, use additional pages if needed)

Current Zoning of subject property. _____ District

Size of Property in Square Feet of land (or acres) _____ Sq Ft (+/-)

Total size of the floor area of the Principal Building
on the property. _____ Sq Ft (+/-)

Floor area where home occupation activities may
Occur within the principal building. _____ Sq Ft (+/-)

If the area will be used for multiple purposes, including the principal use (as the residence) and the accessory
use as the home occupation, please explain (Use additional pages if necessary.)

1. Hours of Operation (Generally)	Earliest Starting Time	Latest Stopping Time
A. Within Principal Building	_____	_____
B. Within any accessory structure.	_____	_____
C. Not within a building.	_____	_____
	Yes	No
		Explain activities and hours of operation (Attach additional pages if necessary)
2. Will a vehicle(s) be used for the home occupation?	<input type="checkbox"/>	<input type="checkbox"/>
A. Will these vehicle(s) be larger than a standard van or pick-up truck?	<input type="checkbox"/>	<input type="checkbox"/>
B. Will vehicle be stored on-site?	<input type="checkbox"/>	<input type="checkbox"/>
i. Inside a building?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Outside a building?	<input type="checkbox"/>	<input type="checkbox"/>
C. Will any vehicle(s) be stored off-site?	<input type="checkbox"/>	<input type="checkbox"/>
D. Will any vehicles(s) be making trips to or from the home occupation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will changes be necessary to the interior of the principal building related to the home occupation operations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will changes be necessary to the exterior of the principal building related to the home occupation operations?	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the information provided with this Application Information Form accurately reflects the operational activities planned to be associated with this Home Occupation at this location. I also understand that if the operational activities for this Home Occupation are to change from those noted in this Application Information Form, that a new Application Information Form must be completed and filed with the City of Reading Zoning Office. I further understand that if the Home Occupation is not operated consistent with the information contained in this Application Form or if the operations become a nuisance to adjoining property owners and neighbors then the Home Occupation will not be allowed to continue and will be required to cease operations and may be subject to any fines or other legal remedies for zoning non-compliance.

Name (Please Print) Signature Date

After review of the information provided on this Home Occupation Zoning Permit Application - Initial Information Form, the Zoning Administrator will provide a written response to the Applicant to indicate the status of the proposed home occupation as being either permitted, (consistent with the information provided with the application), not permitted, or possibly allowed subject to other permits or other approvals, or that additional information is required. If the Home Occupation is found to be an allowed use then a zoning permit for the Home Occupation may be obtained from the City of Reading Zoning office and an appointment would be required. **Home occupations will require the applicant to apply for a Business Privilege License with the City of Reading.**